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RESEARCH

Humanização no cuidado neonatal: a concepção da equipe de enfermagem

Humanization of neonatal care: the conception of the nursing team

Humanización de la atención neonatal: el diseño del equipo de enfermeira

Rita de Cássia Melão de Moraes¹, Michelli Marcatto²

ABSTRACT

Objective: To understand the concept of humane neonatal care in view of the nursing staff. **Method:** this is a qualitative study that used for data collection to semi-structured interviews with 23 members of nursing staff in a NICU of a university hospital in the city of Curitiba in the first half of 2010. **Results:** Four categories were obtained through content analysis. **Conclusion:** it was noted that professionals recognize the importance of the presence of parents with newborns, providing humane care of the nursing staff to the newborn. **Descriptors:** Humanization of assistance, Nursing team, Professional-family relations, Neonatal nursing.

RESUMO

Objetivo: Conhecer a concepção de cuidado neonatal humanizado na visão da equipe enfermagem. **Método:** trata-se de uma pesquisa de abordagem qualitativa que utilizou para coleta de dados a entrevista semiestruturada com 23 membros da Equipe de enfermagem de uma UTIN de um hospital universitário da cidade de Curitiba no primeiro semestre de 2010. **Resultados:** obtiveram-se quatro categorias, através da Análise de Conteúdo. **Conclusão:** notou-se que os profissionais reconhecem a importância da presença dos pais com neonato, propiciando o cuidado humanizado da equipe de enfermagem ao recém-nascido. **Descritores:** Humanização da assistência, Equipe de enfermagem, Relações profissional-família, Enfermagem neonatal.

RESUMEN

Objetivo: Comprender el concepto de cuidado humano neonatal en vista del personal de enfermería. **Método:** se trata de un estudio cualitativo que se utiliza para la recolección de datos de entrevistas semiestructuradas con 23 miembros del personal de enfermería de la UCIN de un hospital universitario en la ciudad de Curitiba en el primer semestre de 2010. **Resultados:** cuatro categorías se obtuvieron mediante el análisis de contenido. **Conclusión:** se observó que los profesionales reconocen la importancia de la presencia de los padres con los recién nacidos, brindando atención humana del personal de enfermería al recién nacido. **Descriptores:** Humanización de la atención, Equipo de enfermería, Relaciones profesional-familia, Enfermería neonatal.

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INTRODUCTION

This research had as its object of study the design of humanized care in neonatal nursing team vision.

We can understand the word humane as how to consider the human being as a whole, acting in relation to it, with respect for their values, beliefs and thoughts. Because that way is part of a global vision, which overcomes fragmentation, especially regarding assistance.^{1,2}

Humanization under hospital care refers to changes in the forms of management, improving infrastructure and strengthening the commitment of the team of professionals with clients¹.

The Neonatal Intensive Care Unit (NICU) is a sector hospital that provides conditions for the reversal of the disturbances that endanger the lives of newborns (NB). For this, we use cutting edge techniques and equipment, performed complex care beyond the constant monitoring of patients and practice of invasive procedures, as to be visually aggressive. Thus, for the parents of a baby hospitalized in a NICU, this becomes a place of insecurity and frustration, reinforced by the separation of the child and inclusion in an unfamiliar environment.³

The admission to a NICU imbalance promotes family affective bonds between parents and infants are not established, reinforced by feelings of guilt and the difficulty of parents to recognize that as your RN. The physical appearance of the neonate also influence this understanding, it can be very different from what was planned, usually premature and more fragile.³

As for the mothers who have a baby in the NICU, your feelings are often misunderstood by health professionals. This mother should be treated in a humane, individualized and differentiated. Professionals working in the NICU must have perception and exquisite sensitivity to understand this moment in the lives of women, helping them as best as possible.²

The NICU team, which is part of nursing, must lead the family at every stage of hospitalization, reconnecting them to the child, and encouraging parents, individually and/or collectively, to overcome their daily difficulties. We need professionals to parents transfer responsibility to exercise the roles of "mother" and "father", and enable that they are closer to your child.⁴

For the nursing process of humanization involves more parental presence in the ICU setting, is a new paradigm of care, in building relationships, acceptance, autonomy, and trust with the family. If the parent experience a positive relationship with a professional in the hospital, your anxiety level decreases and their perception of the situation becomes more comprehensive.⁵

As emerging paradigm of care, located the family-centered care, where parents are

active participants from admission to discharge. It is essential that the family accompany the child during this phase, participating in care, in order to be able to care for him after discharge.^{2,6}

Already in the humanization of neonatal care, the Ministry of Health (MOH) recommends actions to respect for individuals, enabling technology guarantee the safety of the newborn baby and the host and his family, seeking to facilitate bonding parent / child during the hospitalization period.⁷

The team of professionals working in the NICU, especially nurses, should also be the focus of humanized care, since it is subjected to stressful situations in your work routine intense, beyond the requirement of efficiency and knowledge update. You also need relationship skills, as well as security in task performance and handling machinery and equipment, more modern. This intense responsibility has consequences for patients and their families, and the provision of humanized care is hampered by some professionals.^{2,5}

The major challenge being faced by professionals in a NICU is the quality care, because as technology increases and becomes increasingly complex, the professionals involved with machinery and equipment and changing the focus to hard technologies.²

To humanize care in a NICU is accurate personalized care, necessitating the creation of links between professionals, mothers and children. Thus it is necessary to establish relationships less authoritarian, and leads to professional assistance in order to ensure the safety and well-being rather than adopt a command of the situation.^{3,8}

Given the above, this research had the following question: What is the concept of humanized care in neonatal nursing team's vision of a NICU?

Objectives: To know the concept of care in neonatal humanized vision of nursing staff.

METHOD

This is a qualitative research, where the process is more targeted than the results, and the data are analyzed inductively.⁹

The subjects were professional nursing staff (assistants and technicians and nurses) NICU of a large university hospital in Curitiba-Paraná, this unit has a total of 25 beds, reaching the maximum capacity 34 beds, 10 ICU, 10 intermediate-risk and low-risk remaining.

The inclusion criteria for subjects were the nurses of the unit who agreed to participate. Met this criteria 23 subjects, 3 (13%) nurses, 6 (26%) nursing staff and 14 (61%) nursing assistants.

To meet the CNS Resolution 196/96¹⁰ the research project was approved by the Ethics in Research, under protocol number CEP/SD: 729.064.09.06 on the date of June 24, 2009. The data were collected only after the explanation of the research and its objectives to the

members of the nursing staff of the unit of study agreed to participate and signed the consent form. Respondents' anonymity was guaranteed by the identification of lines through acronyms that link the professional category and the number of interview. The nurses were given the acronym ENF, nursing technicians the acronym TEC, and nursing assistants the acronym AUX.

For data collection form was used to characterize the participants and semistructured interview that addressed issues related to nurses opinion about the presence of parents in the care of the newborn, positives and negatives of the presence of parents in the NICU; if the presence of parents influences the recovery of the newborn, the presence of parents influences the work of the nursing staff, and finally, what the nursing staff is to make the humanized care.

Data were recorded, transcribed and then analyzed using the method of Content Analysis Bardin¹¹, which occurs in three steps: 1 - Pre-analysis, 2 - material exploration; 3 - treatment results: inference and interpretation. This research was conducted in the first half of 2010.

RESULTS E DISCUSSION

All respondents were female, and the time working in the profession at an average of 15 years and the shortest three years and the largest 30. The average performance in the NICU corresponds to 9,5 years, the shortest 10 months and the longest 20 years.

From the organization and content analysis of the data, four categories emerged: Positives of the presence of parents in the NICU, Negatives of the presence of parents in the NICU, Meanings and humanization of care staff to parents, which will be described and analyzed follow.

Positive Points of Presence of Parents in the NICU

This category emerged three new subcategories: The bond between parents and children; Preparation for discharge, and the participation of mothers in the care of the newborn.

The bond between parents and children

Through the words of the nursing team realizes that practitioners recognize the importance of bringing the parents of your child admitted to the NICU.

The baby hears the voice, smells and feels the warmth of the mother. I never read anything about to say for sure, but in my opinion when the mother becomes a Kangaroo Mother, the baby feels more comfortable. (TEC 1)

It was noted that this knowledge is empirical, not even taking theoretical information on the subject, the interviewee points be noticeable behavior change baby with the mother's presence.

Recovery is faster, [the child] is quieter, somehow they feel they are parents, do not know how, but they feel. (AUX 5)

Comparing the data obtained from previous studies, the nursing staff believes in the importance of the presence of parents and that this interaction allowing the child is calmer to receive the love and care of the family, making more humanized care.^{5, 12}

Professionals are unanimous in stating that the presence of fathers with their children is a key factor to optimize the restoration of the child, which is a plus point for them to accept divide your space with a new element, parents.⁸

Preparing for discharge

The participation of parents in the care of neonates hospitalized in a NICU was identified by nursing professionals interviewed as a decisive factor in the success of the hospital, thereby preventing readmissions of these babies.

Parents who are better prepared for home care is less likely to be readmitted her baby. (ENF 2)

I think it's important for them to participate in the whole process of recovery, because after all they have to know everything that's going on with your child, for when they take the child to know what happened and what might happen to him at home. (AUX 14)

Care in the home after discharge is an expected time for the family, but also cause anxiety and fear. Parents should be able to care for your child so safe and effective, and nursing to facilitate and encourage participation in care before discharge from the newborn. Some aspects should be worked with parents during the NICU, as routine care, signs and symptoms of clinical problems, handling of special equipment, the purpose and side effects of medications and the appointment of professionals with whom parents should talk when in doubt, in an attempt to ensure greater confidence and security to parents in achieving the home care.¹³

The shutdown of the NICU is an important process for the rehabilitation of the child and the parents, because they have become dependent on the team, it is essential to encourage self-reliance and independence to care for their children.²

The participation of mothers in the care of newborn

Nursing professionals to realize the ability of parents in care for their babies, they reflect as positive assistance for the development of professional work.

Mothers exchange diaper weigh their babies, I think they help. (AUX 9)

Even for the nursing staff, with the duty tumultuous, and parents of a baby are given participative know realize the care they have learned, they are very helpful in assisting. (ENF 11)

The presence of parents is often perceived by the team as an obligation rather than a way to benefit the child and his family, becomes an imposition team. Since the entry of the mother in the ICU it must meet rules and perform tasks that are delegated, remain with the child, making milking milk to meet the baby's needs and implement measures that provide comfort as well as meet their emotional needs. The nursing staff, rather than seeing the mother as an ally to his work collecting the same execution of certain baby care inherent in the professional.^{2,8}

Negative Points of Presence of Parents in the NICU

Within this category there were two other subcategories, are these: difficulty in interacting with parents, parental behavior.

Difficulties in interacting with parents

Countless relationships and interrelationships occurring between nurses and families in the hospital routine; the family asks, compares, assesses the attitudes of staff, and interferes suggests.⁸

From the moment in which families are oriented and trained to care for supposedly become able to perform and supervise the care¹⁵. Thus conflicts arise and this situation is not always well understood by professionals as evidenced in the statements below.

Has baby is super hard punching you access, and mother get up there, she gets nervous, and just reflecting back to you in time to perform the procedure, with the mother present is far more complicated. (AUX 8)
You have to keep asking leave, "a little excuse, excuse, you can stay on this side, excuse me." The professional loses concentration. (AUX 5)

When parents are not well prepared, can disrupt routines and reduce the benefits of family presence next to RNs.³

Even within this category we can cite as negative parental control over the way that the professional plays his job and lack of physical space, which affect both the conduct of the proceedings as interaction with professional parents.

Sometimes parents interfere with our work, they do not know the work of nursing and are interfering, then you end up stressing, especially in critically ill patients, you have plenty to do, and they even get in the way, they have to do their part who is caring for your child, and not part of nursing. (AUX 10)
Have mothers who talk too much, caring too much, even the way that nursing acts, want kind of "caricature" team. (ENF 2)

Comparing the results found in this category to a study developed with the nursing staff in a pediatric ICU, the authors suggest that the presence of parents in some situations evoke the feeling of control by the team and they have fear of doing anything that displeases parents. The professionals have difficulties before the family and are annoyed by their presence, especially when there are interferences or questions regarding the conduct and procedures performed by staff.³

Parental behavior

For some subjects of the research the relationship between parents becomes negative when observations appear about the nursing staff and/or behaviors of parents in emergency situations with newborns admitted to NICU.

There are situations in which some babies are in very serious condition and parents of other newborns are laughing, chatting (AUX 9)
When remain long with their children admitted, they make friends with each other, and then start the gossip. (AUX 15)
Everyone wants to look the other baby, invade the privacy of another. (ENF 2)

Often the couple believes the experience of preterm labor and birth is something very particular that only affects your family. But when they get into NICU begin to realize that reality is also part of the lives of so many families, thus conquering forces to deal with the situation and slowly, talking among themselves, are led to a better condition of acceptance and overcoming frustrations, making the day-to-day milder.⁴ Thus share information everyday NICU and are united with each other.³

Meanings of Humanization

In this category emerged two other subcategories; vision of humanized care by

nursing staff, and lowering the suffering baby.

The vision of humanized care

The members of the nursing staff when questioned about what they mean by humanization of care, as mentioned points: careful not to make mechanical; convey feelings as love, affection and care, put yourself in the place of another, respecting him.

You care without developing mechanical activities ... that little human being one teeny has life, need affection, attention, beyond simple diaper change and feeding. (AUX 14)

If you do not want to do with you, you will not do with your patient. (TEC 17)

When the professional gets touched by the suffering of parents end up putting these in place, and believes that this is a strategy to identify what can be done by parents and ensure a humanized.⁵

Reduce suffering baby

It is clear that respondents care in humanizing the care of babies diminishing his physical suffering, trying to reduce painful stimuli and provide conditions similar to intrauterine.

We should have a time to perform the care of the baby and then leave it resting ... In the morning you make baby hygiene, spends about thirty to forty minutes the doctor comes to examine, in a half hour comes another gathering, so I think that humanization is not very concrete here at our facility, staff had to standardize schedules . (AUX 8)

Provide favorable conditions for the development of the premature baby, as if they were still in the womb, minimize any effects of noise, care, handling. (ENF 11)

In order to further reduce the physical suffering of the newborn, professionals consider excessive handling by parents a factor of concern, as noted in the statements below.

Sometimes you're a serious baby, baby intubated with pulmonary hypertension and the mother wants to stay stirring all the time. (AUX 8)
Parents manipulate the baby too. (AUX 23)

Nursing, to take care of premature babies, 24 hours a day, shall organize the work so as to minimize environmental noise through careful manipulation of the incubator, reducing the sounds of voices, monitors alarms. Another source of stress to the small premature refers to excessive handling, because in the uterus fetus remains in deep sleep for about 80% of the time.¹⁴

Within the environment of a preemie NICU extreme is very manipulated and has the experience of changing various caretakers care team members. With all this manipulation preterm infants are very brief opportunity to periods of rest and cannot reach the deep sleep state.¹⁴

The Care Team to Parents

The vast majority of professionals interviewed, when asked about the humanization of care, concern points to adopt practices aimed at humanizing care only in relation to babies and the principle does not consider the parents and family as worthy of attention. Only when they are asked about what they do to extend the humanized care to parents is to consider how to integrate them points the unit, explain, welcome, encourage their

participation and try to bring them closer to the child as a way of humanization, as evidenced by the lines at follow.

If you do not give attention to him [the parents], they become desperate (AUX 7)

Give access and conditions for them [mothers] would be here 24 hours a day, I think it has to be anyway, that mothers have to stay here as much as possible. (ENF 11)

All procedures are performed with the RN, I try to explain to parents why and how it will be done. (TEC 12)

Couples who have a child hospitalized in a NICU usually identify more with a professional and rely on this as a safe shelter for walking throughout the hospitalization period. This reference is necessary due to the desire to be able to express themselves, to be understood, helped and can ask or get advice for making certain decisions. This professional also makes reference to the relationship between the affective triad mother-father-son.⁵

The family can greatly contribute to the recovery of the patient, but for that to happen, it must be oriented on the routines of the environment in which it operates and about what is happening to your family and need to feel welcomed, respected, and also, careful. Besides allowing their presence, the team must ensure that you are there to help address this difficult time is fundamental to establishing a therapeutic relationship between staff, newborns and families.¹²

CONCLUSION

The birth of a child is a moment eagerly awaited by parents and idealizations; however, if for any reason at birth, newborns need to be admitted to a NICU, feelings of anxiety, fear and guilt invade the family routine. Parents are placed in an unfamiliar environment and are faced with the uncertainty of the recovery of his son, so that time needs the support of the NICU team.

Through this study it was revealed that the professional recognizes the importance of family participation from admission to discharge, and considers the presence of parents in the care, critical to the recovery of the newborn. However, most of these professionals consider as the focus of care only neonate and go to great lengths to ensure your comfort, understanding that to do so is developing humanized care.

However, humanization should also extend to parents, who along with his son are "admitted" in order to answer questions, provide guidance and try to encourage a closer relationship between parents and children. Actions to sensitize the nursing staff can be developed so that the family also pass to be considered as worthy of care and attention.

The nursing staff demonstrates feel uncomfortable with the presence of parents and when they do not understand the gravity of certain situations. This is a point that can be worked since the team has support to guide them before and during hospitalization, know

and understand possible differences circumvent difficulties in relationships thus acting in an ethical manner, and respecting the binomial neonate-parents.

REFERENCES

1. Alves CA, Deslandes SF, Mitre RMA. Challenges of humanization in the context of pediatric nursing care of medium and high complexity. *Interface - Comunic, Saude, Educ* 2009; 13(supl.1): 581-94.
2. Gorgulho FR, Rodrigues BMRD. A relação entre enfermeiros, mães e recém-nascidos em unidades de tratamento intensivo neonatal. *Rev enferm UERJ* 2010 out/dez; 18(4):541-6.
3. Fraga TF, Amante LN, Anders JC, Padilha MICS, Henckemaier L, Costa R, Bock LF. Percepção das mães sobre o processo comunicacional na unidade de terapia intensiva neonatal. *Rev Eletr Enf [periódico on line]* 2009; [citado 10 jun 2013]; 11(3): [aprox. 13 telas]. Disponível em: <http://www.fen.ufg.br/revista/v11/n3/v11n3a19.htm>
4. Guimarães GP, Monticelli M. A formação do apego pais/recém-nascido pré-termo e/ou de baixo peso no método mãe-canguru: uma contribuição da enfermagem. *Texto contexto - enferm* 2007; 16(4): 626-35.
5. Costa R, Klock P, Locks M O H. Acolhimento na unidade neonatal: percepção da equipe de enfermagem. *Rev enferm UERJ* 2012 jul/set; 20(3):349-53.
6. Tamez RN, Silva MJP. *Enfermagem na UTI neonatal*. 4ª ed. Rio de Janeiro (RJ): Guanabara Koogan; 2009.
7. Ministério da Saúde (BR). *Atenção humanizada ao recém-nascido de baixo peso: método mãe-canguru: manual do curso*. Brasília (DF): MS; 2002.
8. Costa R, Padilha MI. Percepção da equipe de saúde sobre a família na Uti neonatal: resistência aos novos saberes. *Rev enferm UERJ* 2011 abr/jun; 19(2):231-5.
9. Boaventura ME. *Metodologia da pesquisa: monografia, dissertação, tese*. São Paulo (SP): Editora Atlas; 2004.
10. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras da pesquisa envolvendo seres humanos: Resolução nº 196/96. Brasília (DF); 1996. [citado em 19 jun 2012]. Disponível em: URL: <http://www.ufrgs.br/hcpa/gppg/res19696.htm>
11. Bardin L. *Análise de Conteúdo*. 1ª ed. Lisboa: Edições 70; 1979.

12. Spir EG, Soares AVN, Wei CY, Aragaki IMM, Kurcgant P. A percepção do acompanhante sobre a humanização da assistência em uma unidade neonatal. *Rev Esc Enferm USP* 2011; 45(5):1048-54.
13. Góes, FGB, La Cava AM. A concepção de educação em saúde do enfermeiro no cuidado à criança hospitalizada. *Rev Elet. Enf* [on line] 2009; [citado 2 jun 2013]; 11(4): [aprox. 10 telas]. Disponível em: <http://www.fen.ufg.br/revista/v11/n4/v11n4a18.htm>.
14. Martins CF, Fialho FA, Dias IV, Amaral JAM, Freitas SC. Unidade de terapia intensiva neonatal: o papel da enfermagem na construção de um ambiente terapêutico. *Rev Enferm Cent O Min* 2011 abr/jun; 1(2):268-276.



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